



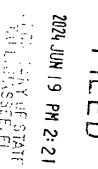
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PICK-UP WAIT	MAIL
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(Document Number)	
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65. 19/24- HB1020- HD07 - *425.00



COVER LETTER

Division of Co	rporations		
	TERNATIONAL LLC		
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all correspondent	ondence concerning this matter	r to the following:	
	LUCA ANGIOLOTTI		
		Name of Person	
	CIMA INTERNATIONA	LLLC	
		Firm/Company	
	7928 EAST DR UNIT 150	Ж,	
		Address	
	NORTH BAY VILLAGE	FL 33141	
		City/State and Zip Code	
	lucatoscanaconstruction@g	mail.com to be used for future annual report notifi	
For further information of	concerning this matter, please c	-	cation)
LUCA ANGIOLOΤΤ	oncerning this matter, pieuse e		
		786 953 2130 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S		Registration Sect	ion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CIMA INTERNATIONAL LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our record ability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 06'24'2022	and assigned
lorida document number 1.22000286140		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ty Company." the designation "LLC	" or the abbreviation "L.L.C"
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		20 2
		20 -
		2
nter new mailing address, if applicable:		45
Mailing address MAY BE A POST OFFICE BOX)	 	
The state of the bond		75 N
		<u>2</u>
If amending the registered agent and/or registered office agent and/or the new registered office address here:	ddress on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	S
	Fid	orida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	LUCA ANGIOLOTTI	7928 EAST DR UNIT 1506	≣ Add
		NORTH BAY VILLAGE FL 33144	70
			□Change
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Effective date, if other th	ian the date of fil	ina.			(antional)	
Effective date, if other that an effective date is listed, the	date must be specific a	and cannot be prio	to date of filing	or more than 90 da	ys after filing.) Pursu	ant to 605.0207
Note: If the date inserted in document's effective date of	n uns block does no	it meet the appli	cable statutory	filing requiremen	ts, this date will be	ot be listed as t
e record specifies a delayed rd is filed.	effective date, but r	not an effective t	time, at 12:01 a	.m. on the earlier	of: (b) The 90th	day after the
Dated		2024	/			
			Tluri	/ \		
			1 1 2 7 7	./)		

Typed or printed name of signee